



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4703

|                             |  |              |                        |                                  |
|-----------------------------|--|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/035,544 | FILING OR 371(c)<br>DATE<br>12/28/2001<br>RULE | CLASS<br>433 | GROUP ART UNIT<br>3732 | ATTORNEY DOCKET NO.<br>501059.01 |
|-----------------------------|--|--------------|------------------------|----------------------------------|

## APPLICANTS

Randall Rex Calvert, Redmond, WA;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

02/14/2002

## \*\* SMALL ENTITY \*\*

|                                 |  |                        |                         |                    |                         |
|---------------------------------|--|------------------------|-------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>WA | SHEETS<br>DRAWING<br>17 | TOTAL CLAIMS<br>41 | INDEPENDENT CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                         |                    |                         |

Verified and Acknowledged

Examiner's Signature

Initials

## ADDRESS

25315

## TITLE

Apparatus and method for root canal obturation

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1451 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------|---|---|